



## DIRECT VENDOR PAYMENT AUTHORIZATION AND CERTIFICATION

State Form 47701 (R / 12-05) / CW 3316

Approved by State Board of Accounts 1996

### AUTHORIZATION

RE: Title IV-E Non-Recurring Adoption Expenses for:

CHILD:	Total \$
CHILD:	Total \$
CHILD:	Total \$
CHILD:	Total \$

Name of attorney

I / We agree that direct vendor payment of attorney fees and court costs, if included in these fees, related to my / our adoption of the above-named child(ren) will be made by the Department of Child Services directly to the attorney listed above after the attorney provides a claim voucher and an itemized statement of attorney fees and **paid** court costs associated with the adoption.

I / We understand further that the total payment made by the state to said attorney will not exceed fifteen hundred dollars (\$1500) per child for this adoption and that the payment amount for said services as certified below will be deducted from the total \$1500 allotted per child for this adoption. Any adoption-related expenses in excess of \$1500 per child will remain my / our responsibility.

Printed name of adoptive parent A

Printed name of adoptive parent B

Signature of adoptive parent A

Date (month, day, year)

Signature of adoptive parent B

Date (month, day, year)

### CERTIFICATION

I / We certify that the attached claim voucher submitted by the above-named attorney in the amount of \$ \_\_\_\_\_ correctly and accurately states the amount of fees and expenses which I / we have agreed to pay or reimburse to the attorney for services related to the adoption of the above-named child(ren), and that all services to be performed by the attorney related to the adoption have been completed. I / We hereby authorize direct payment of the amount of this claim, not to exceed the limitations stated in the authorization, to the attorney as **vendor**.

Signature of adoptive parent A

Date (month, day, year)

Signature of adoptive parent B

Date (month, day, year)